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## ART IN PSYCHOTHERAPY

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PATIENT ART SERVES a number of functions in psychiatry. At the lowest level it will fill idle hours preventing boredom. It may prove pleasing to the patient and be continued as a hobby even after discharge from the hospital. This is especially important in those who are retired or approaching retirement and have no other interests than their jobs. It may provide a sense of accomplishment and self-satisfaction which is so lacking in many of the emotionally disturbed. It may provide a release of emotions; feelings previously unexpressed gain expression and may be shared and reacted to by others. The doctor, by studying the productions, may gain information concerning diagnosis, dynamics, and progress. When such a study is done with the patient explaining and elaborating upon the content and symbolism, art becomes an excellent psychotherapeutic device providing an entree into the patient's sub-conscious.

The complexities of another's personality are so difficult to correctly understand that every available means must be utilized if the therapist is to help a patient alter imperfect methods of adjusting. Vis-a-vis discussions may clarify conscious problems and the patient's characteristic solutions but will leave untouched the realm of the Unconscious. Free associations, slips of the tongue, and dream interpretations are commonly utilized to probe into this area. However, very few workers actively encourage, to a similar degree, the utilization of artistic productions. After reviewing the history of this approach, I will present one patient's drawings and their interpretations.

A correlation between artistic productions and symptoms was first described by Cesare Lombroso<sup>1</sup> in the nineteenth century. He perceived sense and meaning in the pictures by psychotic individuals and concluded that they were thusly expressing ideas which they were incapable of expressing verbally. "This mixture of letters, hieroglyphics and figurative signs constitutes a kind of writing recalling the phonetic-ideographic stage through which primitive people passed before discovering alphabetic writing." A similarity was also noted with the elementary productions of children.

The literature indicates that interest remained focused upon the art of *psychotic* individuals but with an increasing apperception of its possible significance especially

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after Freud described the image-making capacity of the Unconscious as revealed in dreams. Freud said<sup>2</sup>, "I have given the name of dream work to the processes which, with the cooperation of the censorship, convert latent thoughts into the manifest content of the dream. It consists of a peculiar way of treating preconscious material so that its component parts become condensed, its mental emphasis displaced, and the whole translated into visual images or dramatized and filled out by secondary deceptive elaborations. The dream work is an excellent example of the processes occurring in the deeper layers of the mind which differ considerably from the familiar normal processes of thought. It also displays a number of archaic characteristics, such as the use of symbolism."

Nolan D. C. Lewis<sup>3</sup>, investigated the use of symbols in the art of schizophrenic patients and concluded that these could be only understood properly in terms of Jung's collective or genetic Unconscious. He seems to be the first to describe the analysis of art productions as an adjunct to psychotherapy. More recently Margaret Naumburg<sup>4</sup> published an excellent book in which, after critically reviewing the literature, she presented illustrations of the art work of two young female schizophrenics and indicated in detail how these were used in therapy.

Mosse<sup>5</sup> in 1940 published the first paper devoted to the therapeutic use of analyses of paintings in *neurotics*. He utilized the paintings as manifestations of the Unconscious and had the patients free associate to them in attempts to discover the alterations effected by the censorship and the super-ego and to uncover the basic theme. "As the patient thusly looks at his picture, he sees for the first time in his life, as if looking into a mirror, the distorted features of his own personality. He is suddenly confronted with his own unconscious drives. The resulting comments are most necessary for the total understanding and cure. The therapist, through his experience, intuition, and theoretical knowledge, recognizes the rough framework; the *patient* has to supply the details to correct this and fill it in."

Mosse also described various forms of resistance erected against this type of therapy. These are not basically any different than those erected against standard verbal therapy. The patient may simply refuse to draw anything in order not to reveal any of his carefully guarded repressed impulses. Another may merely reproduce some bit of contemporary knowledge or reproduce some innocuous childhood scene; such an intellectual barrier saves him from depicting more meaningful material and must be so interpreted. By such interpretations and by the development of a positive doctor-patient relationship, the patient may gradually feel secure enough to release some of the more meaningful material.

Another difficult problem is that the patient, recognizing the therapist's interest in his artistic productions, may produce them as gifts to please the therapist. However, if the therapist is primarily concerned with their interpretation and is aware of the



attempted seduction, the productions become again more and more a means of self-expression and less and less a bribe. Similar alterations in the content of material brought to the therapeutic sessions is well known when dreams are being utilized: those patients undergoing Freudian analyses tend to have more sexual symbolism in their dreams than those persons undergoing analyses with Jungian and Adlerian oriented analysts. Despite the fact that the patient chooses to express his Unconscious in a language pleasing to his therapist, it is still *his* Unconscious which is being expressed.

*Case Presentation:* This 25-year-old housewife with two children came to psychotherapy because she had become excessively nervous, irritable, tearful, and would become so anxious upon riding in an auto *away* from home or upon entering any store that she would have to return home. She had been tired, asthenic, frail and restless as a child. When called upon to recite in class, she had become so tremulous that she would be unable to speak. Pregnancy forced her to marry at age 17 following which she was more tense and began to have breathing difficulties. For nine months prior to psychotherapy she had become increasingly disabled despite various tranquilizers prescribed by her family doctor.

Initially she talked quite freely but her productions seemed to be merely intellectual exercises and to carry little true emotional impact for her. In obtaining her past history, it was learned that she had enjoyed drawing as a child and had studied art in a technical high school until failing at age 16 because she was spending more time with boys than with her work. I suggested that she might try to depict her feelings in drawings. She has brought one or more drawings to almost every session since that time. Unfortunately time does not always permit a thorough discussion of each drawing and all related associations, although this would be most desirable. It was immediately recognized that she had great ability to portray powerful emotions. Frequently, while drawing, she was only aware of the most superficial meanings of her productions. This is quite common. Such spontaneous expressions of the Unconscious are not immediately deciphered by the Conscious; only through free association or other similar techniques are these revealed. In this case I utilized the method of having her fabricate a story about the picture relating what is transpiring, what led up to this, and how it turns out. Initially these stories were produced during the therapeutic sessions but later, in order to conserve time, she would write the story at home. After describing both the drawing and the story, the patient was asked to associate these to her own life and feelings. Very shortly it became clear that from early childhood up to the present time she had envisioned her world as a most fearsome, threatening place and herself as incapable of combating such forces.



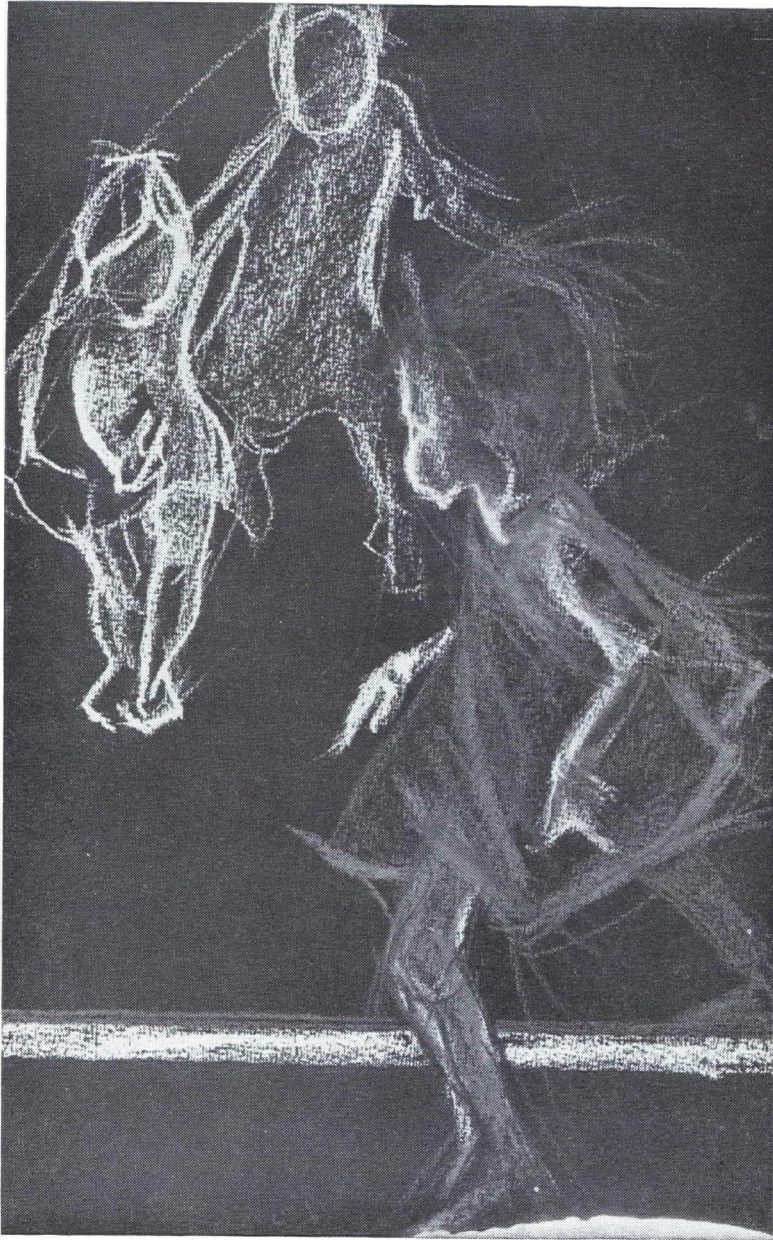
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Drawing 1

"These hands are those of a loud demanding adult. The child shuts it all out of sight and withdraws from the world, otherwise it would feel compelled to do whatever was demanded."





Drawing 2

"The horizontal line separates the upper dangerous and the lower safe zones. The girl straddles this line undecided as to whether the other two children are sincere in their invitation to join in their play or whether they were merely enticing her and would then chase and tease her; she could never be certain. However, if they should chase her, they would only come as far as the line and could not cross it."

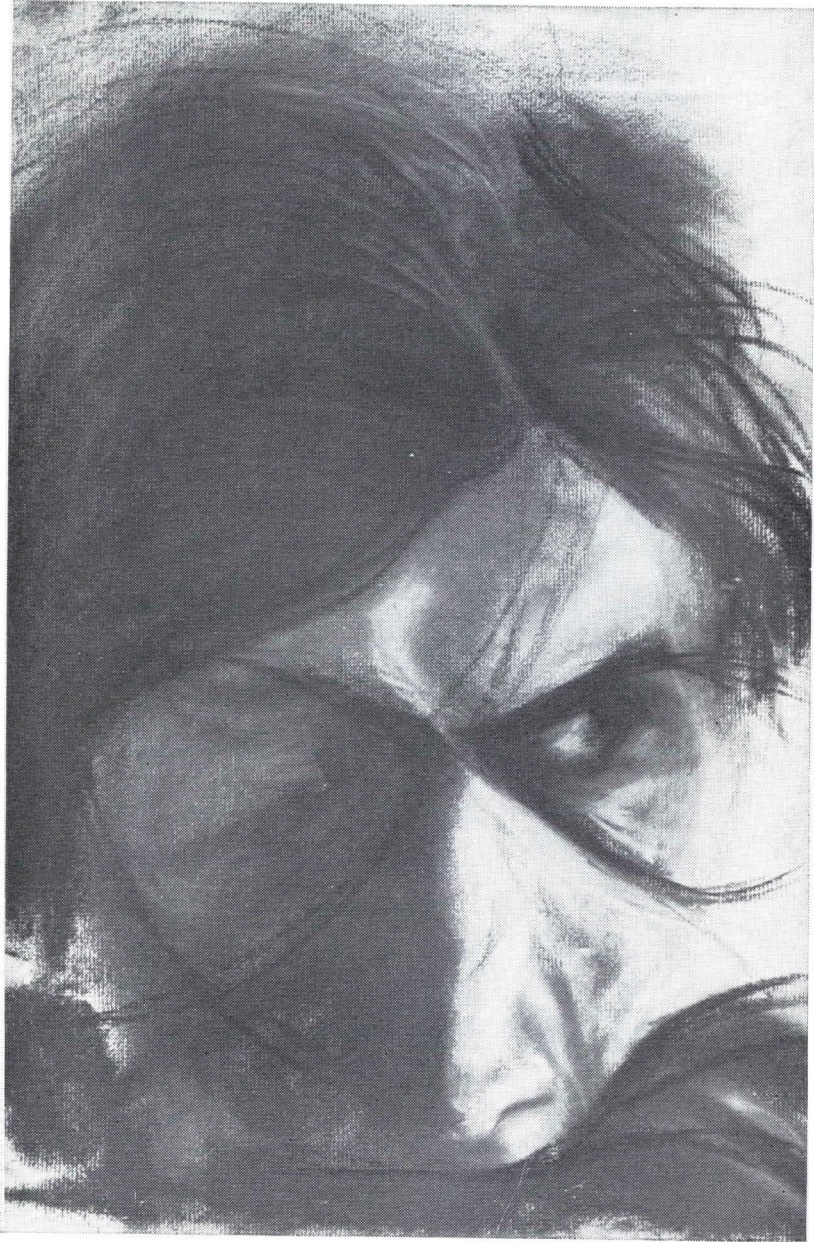




Drawing 3

"Grief! Upon entering the house, this young woman was shocked and terrified to find her brother lying face down, murdered, on the floor. She feared that *she* would be accused of murdering him so ran away and hid. She even hid from herself in an attempt to forget it. She hid so well that no one was ever, ever able to find her again . . . I dare not permit anyone to know my feelings. Every time I have trusted anyone with my feelings, they have misinterpreted me and betrayed me."





Drawing 4

"This wild man had not known what to expect of people. He is confused (right eye) and angry (left eye) by the crowd agitatedly pursuing and belittling him. He is so confused and angry that he doesn't do anything but run. He feels squelched and impotent."

The father was an unsuccessful, obstinate fellow who had no contact whatsoever with his children, but left the handling of the six children entirely up to the inadequate mother. The financial situation became so strained that it became necessary to place some of the children in foster homes. Due, in part, to their having moved about, this little girl was most uncomfortable with other children so played only with one sister. When this sister was sent away to a foster home, the girl had no one with whom to play and lived in constant dread of being sent away herself. The mother was not only constantly critical but so tired from outside work and disturbed by the burdens of the household that the girl felt not the least warmth or acceptance. Despite the fact that an older brother was obviously psychotic, the mother brought him home from the state hospital and forced the others to submit to his insane notions.

Despite these powerful portrayals of anger and the subsequent discussions of both the picture and the stories, this woman did not fully recognize the anger as a part of herself for about six months. Only after the entire series of drawings and stories had been reviewed with her and tentative interpretations tendered, did she begin to recognize that they had deep personal significance for her. In an effort to explain this, she was able, with much hostility and tearfulness, to verbalize how she had been painfully belittled and criticized as a child. (Drawings 5-6)





Drawing 5

"This person is hiding and peeking out curiously to see if everything outside is as bad as all that. He had run away from such an inner impression of the world. After thinking about it for a long time, he finds that he has been in that crouched position for such a long time that, even though he wants to, he is unable to get up without great difficulty.

"I sit like that often — all curled up with my chin on my knees. When we first came to Detroit, my sister and I peeked out of the windows at the other children playing. It took a long time before we went out to meet them. Coming from a country village (age 4) we were afraid of so many people in the city. As long as I can remember people have remarked that I was scrawny and awkward, long-legged and necked. I still consider myself underfed and with bones sticking out (Her voice showed considerable sarcasm and tearfulness here). Pudgy people seem to get a kick out of telling me how skinny I am. I burn up but don't say a thing. Mother said I grew like a weed and was skinny. My older sister said I walked like a horse. My husband used to call me skinny."





Drawing 6

"The hand on the left is pointing accusingly at me and saying, (Shame on you!), the fist is striking me (middle arm with open palm seeking help) and is driving me back. I have always felt inferior and unable to express my feelings of my anger. I was the peaceful kid that the others picked on. My mother said I was a dummy and an idiot."



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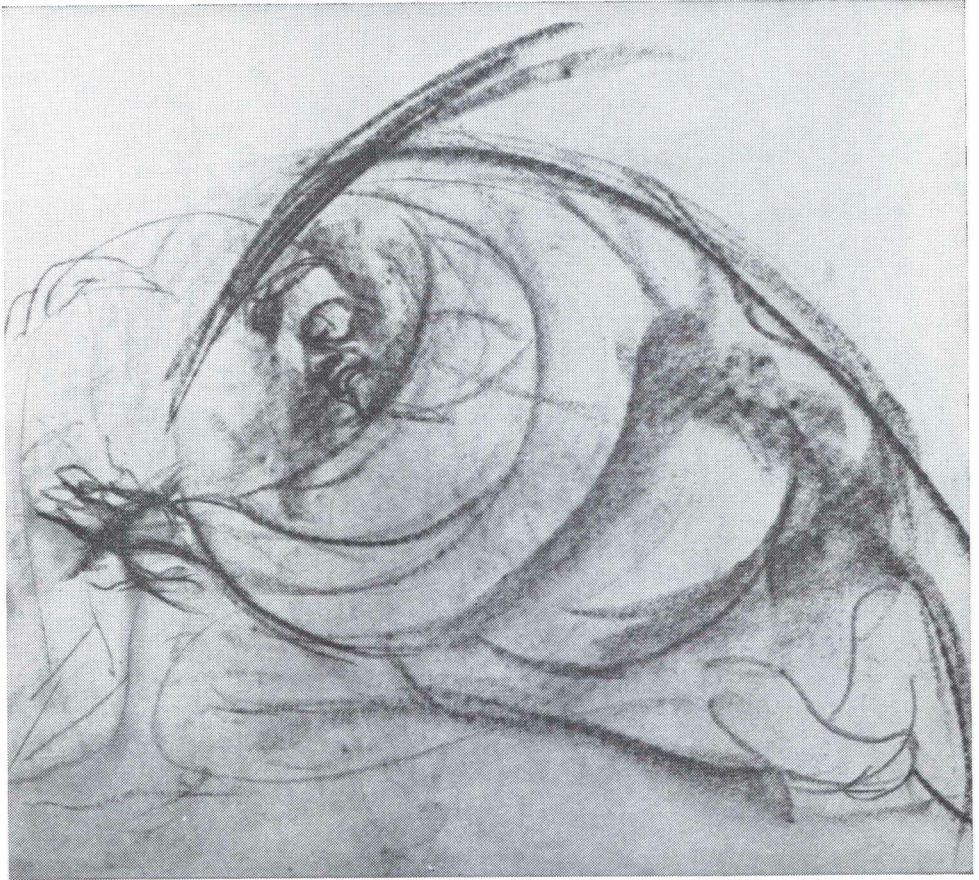
After eight months in therapy, and when she had lost most of her acute symptoms such as her inability to drive and to go into stores, the patient produced the following series of pictures. (Drawings 7-9) The discovery of the confined giant depicts her first recognition of previously unconscious forces.



Drawing 7

"This giant (drawing 7), recurs over and over. Here he doesn't seem to fit into this room. He is so cramped that he is unable to arise but has such will and determination that he keeps constantly trying. He has been kept here so long that he is weakened and almost dying. As this woman enters the room, she is shocked as she recognizes his critical condition. She feels incapable of helping him in any way as he requests of her. However, the walls appear unreal to her so she attempts to push them down; she succeeds. Whereupon, he is able to gradually struggle to his feet with assistance. (Drawing 8 and 9). He is grateful that he wasn't really dead as he first appeared and even has a look of endearment.





Drawing 8

The giant is freed and struggles to arise with the woman's assistance. The clever technique of having one eye serve both facies indicates the extremely close interrelationship between the conscious and unconscious forces.





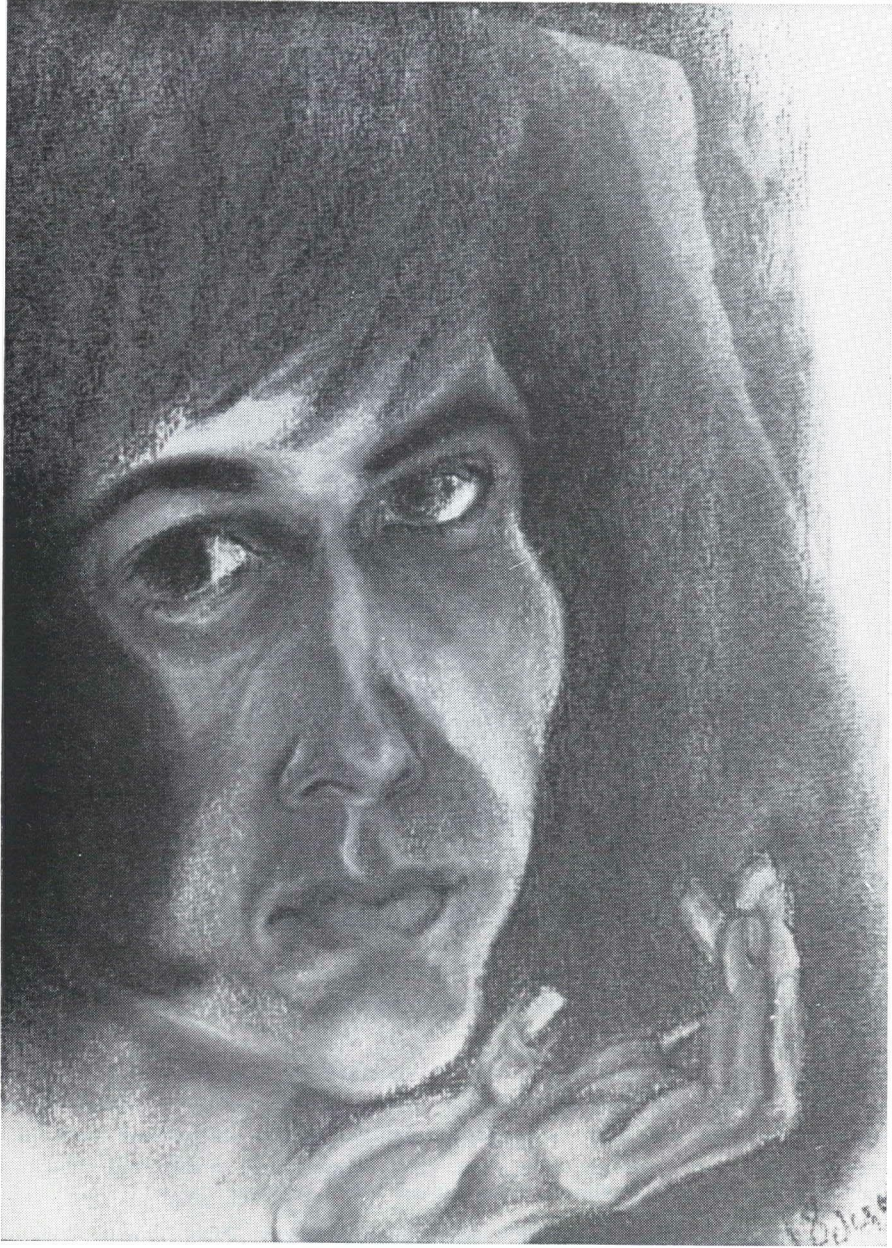
Drawing 9  
The giant (?) is now able to stand.

"Giants have reputations as damaging and horrible; they take over from normal size people like the giant in Jack and the Beanstalk who, when permitted among normal people, would trample them and destroy everything. It is therefore safer for him to be confined where he can not move. He symbolizes my dangerous emotions. I was very angry when my family ostracized me after I *had* to marry but I never expressed them until I would explode and usually I'd take it out on my little girl. Now I express strong emotions in my drawings — hate, exultation, etc. I am much less violent with others. My children are no longer afraid of me. I realize that feelings can not be kept buried especially if they do not want that; they will come out even if they have to explode. I feel all frustrated, closed in, and suffocated if I can't express them. When I stop drawing for a week, I become more nervous. I've also been more free in expressing my ideas during the past few months. I used to be afraid to speak up to my husband. Now others seem to respect me more, and my husband is happier with me, and even my daughter is calmer and doing better in school. At first I didn't think I could handle my feelings; now I find I can handle them easily and pleasantly." This is beautifully depicted by the young woman (Drawing 7), gradually appearing older and more competent while the giant becomes a genial boy. (Drawing 9)

This woman has now been in therapy for 15 months and has decreased her appointments to fortnightly. Her appearance, dress, coiffure, and facial expression has improved just as greatly as her inner concept of herself. (Compare the initial self-portrait (Drawing 10), with the recent one. (Drawing 11). Gradually she is finding that she can express her ideas and feelings not only in drawings and to her therapist, but also to her husband and others without being censured or attacked. Her art productions, however, continue to provide the most effective means for her to initially express her problems.



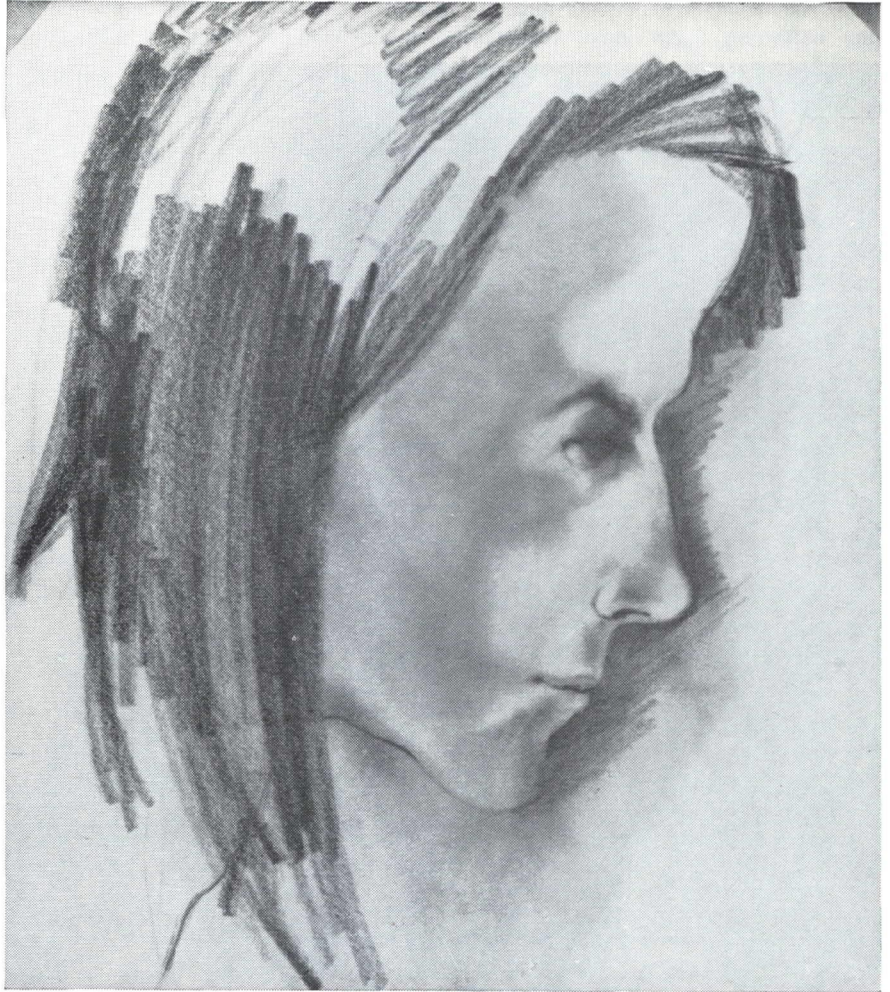
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Drawing 10

Initial Self-portrait.





Drawing 11

Self-portrait 14 months later.

#### REFERENCES

1. Lombroso, C.: *The Man of Genius*, London, Scott 1895.
2. Freud, S.: *Autobiographical Study* trans. James Strackey, Hogarth Press, London, 1948.
3. Lewis, N. D. C.: *Graphic art productions in schizophrenia*, *Proc. A. Research Nerv. and Ment. Dis.* for 1925. 5:344, 1928.
4. Naumburg, M.: *Schizophrenic Art*, Grune and Stratton, New York, 1950.
5. Mosse, E. P.: *Painting analysis in the treatment of neuroses*, *Psychoanal. Rev.*, 27:65, 1940.